FACILITIES WORK ORDER REQUEST

INSTRUCTIONS: Complete sections 1 & 2 before routing to Facilities Manager.

SECTION 1 - COMPLETED BY REQUESTOR			
Today's Date	Your Name	Your Extension	Your Branch/Contract
17 OCT 2017	SHOFFNER, DAVID	919-541-0894 Ex. 6 Personal Privacy (PP) cell	FMB
Room Number or Location of Work		Your Project Number	
Room 231			
Description of Work To Be Done (Be brief, use page back if needed)			
1) Remove eye wash and cap @ valve under sink and remove any signage associated with eyewash			
Contact Dave Shoffner at 919-541-0894 (office) or Ex. 8 Personal Privacy (PP) cell) with any questions or issues.			
SECTION 2 - COMPLETED BY BRANCH CHIEF			
Branch Chief Approval		Materials Funded By	
FMB MORSCHING, JAY		POS	
Requested Completion Date		Before starting clear with	
No later than 02 FEB 2018		FMB MORSCHING, JAY	
This request $\ \ \ \ \ \ \ \ \ \ \ \ \ $		Notes	
SECTION 3 - COMPLETED BY FACILITIES MANAGER			
Work Order Number		Date	
		18 OCT 17	
Approved (Facility Manager)		Approved (Health & Safety or Environmental Compliance, if required)	
APPROVED: FMB MORSCHING, JAY			
Work Assigned To	Date	Completion Date	Total Cost
O&M	18 OCT 17		
Project Labor Hours		Costs	Material Costs (Attach Materials List)
Notes:			